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JURISDICTIONAL STATEMENT

Amicus curiae Missouri Family Health Council (hereinafter MFHC) hereby adopts and incorporates as though fully set forth herein the Jurisdictional Statement of Appellants/Cross-Respondents Planned Parenthood of Kansas and Mid-Missouri, et al., and Respondent/Cross-Appellant State of Missouri.

**STATEMENT OF FACTS / STATEMENT OF INTEREST
OF *AMICUS CURIAE* MFHC**

Pursuant to Rule 84.05(f)(2), MFHC sought and obtained the consent of both parties to this action to file this *Amicus Curiae* Brief and therefore files this Brief pursuant to consent.

**HISTORY AND BACKGROUND OF MFHC
AND WHY IT BELIEVES IT CAN AID AND ASSIST THIS COURT
IN RENDERING A DECISION IN THIS MATTER**

In 1971, the United States Congress approved the allocation of funds for the Title X Program of the Public Health Services Act, a program designed to provide family planning services to low income persons. At that time, a St. Louis not-for-profit corporation contracted with several service provider agencies to provide Title X services in the St. Louis area while the rest of the state providers received Title X funds as direct grantees from the federal government. In 1981, the federal government desired to reduce the number of direct grantees. Thus, in 1981, the Missouri Community Health Corporation became the umbrella agency grantee for the State of Missouri (except for St. Louis, which continued to function under its own umbrella agency) which then contracted with direct provider agencies for family planning services delivery. In 1989, the St. Louis agency merged with the Missouri Community Health Corporation and the agency's name was changed to the Missouri Family Health

Council, Inc. Since then, MFHC, headquartered in Jefferson City, has served as the not-for-profit Title X grantee for Missouri. As such, it receives and administers all federal Title X funds for the State of Missouri, supporting publicly subsidized family planning services for low income men and women.

In its most recent fiscal year (2000), MFHC received in excess of 4.3 Million Dollars from the United States Department of Health and Human Services (hereinafter HHS) and disbursed in excess of 3.7 Million Dollars to delegate agencies which deliver services through approximately 106 clinics in Missouri.¹ The MFHC Title X network is the largest and most extensive delivery system of reproductive health care services in this State, consisting of community-based organizations and local health departments. Under Title X, family planning services are free for clients whose income is at or below 100% of the federal poverty level. Fees for other clients are based on a sliding fee scale determined by the client's income level, family size, and ability to pay. Last year, the clinics provided services to approximately 90,000 people, 75% of whom had incomes under 150% of the federal poverty level.²

¹ MFHC retains some funds for staff salary and fringe benefits and education and training of Title X delegate agencies.

² In 2000, Missouri's Title X clinics performed 56,232 breast cancer exams, 59,421 cervical cancer screenings, 111,839 tests for sexually transmitted diseases, and

All of the delegate agencies rely not only upon federal funding received through MFHC, but also upon state family planning funds appropriated by the Missouri Legislature -- in 1999, under H.B. No. 10, §10.705; in 2000, under H.B. 1110, §10.710; and in 2001, under H.B. 10, §10.710 (except for the Planned Parenthood Defendants herein pursuant to Circuit Court Judgment).

In the decision of this Court rendered on January 31, 2001, *State v. Planned Parenthood of Kansas and Mid-Missouri, et al.*, 37 S.W.3d 222 (Mo. banc 2001), the Court specifically requested the trial court to "make a determination of the effect Title X and its regulations have on the issues raised by the parties . . ." and to, on remand, "determine the applicability of Title X to the claims raised in accordance with the express language of Section 10.705." *Id.* at 228.

5,465 tests for HIV. The clinics also performed testicular and prostate screenings, counseling, and referrals. Clinics participate through MFHC with the Missouri Department of Health's infertility prevention project, a federally funded project designed to address the serious public health problems of chlamydia infections in women. For many people, the clinics in the MFHC network are their only health care provider.

MFHC is filing this *amicus* brief to provide the Court some historical perspective on the application of the Title X regulations, guidelines, compliance standards, and programmatic directives, as well as its working interpretation of same, as it is the sole Missouri entity responsible for oversight, education, audit and compliance with such guidelines, standards and directives by its delegate agencies.

MFHC recognizes that any decision reached by this Court could have far reaching impact on all joint federal and state funded family planning clinics in this State, could drastically limit the ability of family planning clinics to provide services to the State's indigent population, including the closing of some clinics, and could thus limit the ability of the indigent population to receive certain health care services. MFHC's interest, therefore, is in the effect this decision will have on family planning clinics in Missouri and the recipients of those services, and not upon any specific facts in the underlying cause. MFHC intends to address the legal questions raised in this case regarding the requirements and general application of the federal Title X Program guidelines and their interrelationship with the requirements of organizations to receive state family planning funds. With MFHC's collective resources and familiarity with issues pertaining to the legislative intent and the history of the federal Title X Program, it believes that it can aid this Court in resolving the legal issues regarding Title X raised by this controversy.

POINTS RELIED ON

I

THE CIRCUIT COURT ERRED IN HOLDING THAT THE TITLE X PROGRAM GUIDELINES FOR PROJECT GRANTS FOR FAMILY PLANNING SERVICES AND 42 C.F.R. §59.5(a)(5) REQUIRED APPELLANTS TO MAKE DIRECT REFERRALS OF PATIENTS TO ABORTION PROVIDERS, TO DISTRIBUTE MARKETING MATERIALS ABOUT ABORTION SERVICES TO PATIENTS, AND TO COUNSEL PATIENTS TO HAVE ABORTIONS IN THAT NEITHER THE PROGRAM GUIDELINES, THE FEDERAL RULES, NOR THE APPLICABLE FEDERAL STATUTE, 42 U.S.C. §300a-6 PERMIT TITLE X PROVIDERS TO TAKE AFFIRMATIVE ACTION TO SECURE ABORTION SERVICES FOR A PATIENT, BUT INSTEAD LIMIT "REFERRAL" TO PROVIDING RELEVANT FACTUAL INFORMATION ABOUT A PROVIDER; THEY PROHIBIT THE DISTRIBUTION OF MARKETING MATERIALS ABOUT ABORTION, BUT REQUIRE THE DISTRIBUTION OF NEUTRAL, FACTUAL INFORMATION AND NON-DIRECTIVE COUNSELING UPON REQUEST; AND THEY SPECIFICALLY PROHIBIT TITLE X PROJECTS

**FROM COUNSELING PATIENTS TO HAVE ABORTIONS, EVEN
LIMITING THEM FROM PROVIDING INFORMATION ABOUT SAME
UNLESS REQUESTED BY THE PREGNANT WOMAN. THUS, THE
TRIAL COURT HAS MISINTERPRETED AND MISCONSTRUED THE
REGULATIONS AND POLICY GUIDELINES IN EFFECT WHILE
SECTIONS 10.705 (1999) AND 10.710 (2000) HAVE BEEN IN EFFECT.**

CASES:

*State v. Planned Parenthood of Kansas and Mid-Missouri, et al.,
37 S.W.3d 222 (Mo. banc 2001)*

FEDERAL STATUTES:

42 U.S.C. §300, et seq. (1971) (Title X, Sections 1000-1008)

STATE STATUTES:

House Bill No. 10, §10.705, RSMo. (1999)

House Bill No. 1110, §10.710, RSMo. (2000)

House Bill No. 10, §10.710, RSMo. (2001)

REGULATIONS:

42 C.F.R., Part 59, Fed. Reg. Vol. 45, No. 108, June 3, 1980, - Grants for
Family Planning

42 C.F.R., Part 59, Fed. Reg. Vol. 58, No. 23, February 5, 1993 - Interim
Rule

42 C.F.R., Part 59, Fed. Reg. Vol. 65, No. 128, July 3, 2000 - Grants for
Family Planning

OTHER AUTHORITY:

*WEBSTER'S NEW UNIVERSAL UNABRIDGED DICTIONARY (Deluxe Second Edition 1979,
p. 516)*

ARGUMENT - POINT I

THE CIRCUIT COURT ERRED IN HOLDING THAT THE TITLE X PROGRAM GUIDELINES FOR PROJECT GRANTS FOR FAMILY PLANNING SERVICES AND 42 C.F.R. §59.5(a)(5) REQUIRED APPELLANTS TO MAKE DIRECT REFERRALS OF PATIENTS TO ABORTION PROVIDERS, TO DISTRIBUTE MARKETING MATERIALS ABOUT ABORTION SERVICES TO PATIENTS, AND TO COUNSEL PATIENTS TO HAVE ABORTIONS IN THAT NEITHER THE PROGRAM GUIDELINES, THE FEDERAL RULES, NOR THE APPLICABLE FEDERAL STATUTE, 42 U.S.C. §300a-6 PERMIT TITLE X PROVIDERS TO TAKE AFFIRMATIVE ACTION TO SECURE ABORTION SERVICES FOR A PATIENT, BUT INSTEAD LIMIT "REFERRAL" TO PROVIDING RELEVANT FACTUAL INFORMATION ABOUT A PROVIDER; THEY PROHIBIT THE DISTRIBUTION OF MARKETING MATERIALS ABOUT ABORTION, BUT REQUIRE THE DISTRIBUTION OF NEUTRAL, FACTUAL INFORMATION AND NON-DIRECTIVE COUNSELING UPON REQUEST; AND THEY SPECIFICALLY PROHIBIT TITLE X PROJECTS FROM COUNSELING PATIENTS TO HAVE ABORTIONS, EVEN

LIMITING THEM FROM PROVIDING INFORMATION ABOUT SAME UNLESS REQUESTED BY THE PREGNANT WOMAN. THUS, THE TRIAL COURT HAS MISINTERPRETED AND MISCONSTRUED THE REGULATIONS AND POLICY GUIDELINES IN EFFECT WHILE SECTIONS 10.705 (1999) AND 10.710 (2000) HAVE BEEN IN EFFECT.

The Public Health Services Act, 42 U.S.C. §300, authorizes the Secretary of Health and Human Services (HHS) to issue regulations for recipients of family planning services grants under the program known as Title X. Once such regulations are issued, the Office of Public Health and Science (formerly known as the Public Health Service), Family Planning Services Projects (formerly known as Office for Family Planning) issues "Program Guidelines for Project Grants for Family Planning Services." See Appendix pgs A9-A26 (1981 Guidelines); Appendix pgs. A66-A99 (2001 Guidelines).

If the rules or policies are amended or clarified while Program Guidelines are in effect, then HHS Regional Health Administrators are notified of such amendments by the Office of Population Affairs of HHS. The Regional Health Administrator of Region VII, with supervision over the State of Missouri, then notifies MFHC, which is then required to notify the subgrantees in Missouri. Title X administrators and

grantees follow the law as interpreted by the Office of Population Affairs (formerly known as Bureau of Community Health Services) via their Program Guidelines for Project Grants and other memoranda and directives issued to the administrators.

Section 1008 of the Public Health Services Act (42 U.S.C. §300a-6), Title X's statutory limitation on abortion services, provides that: "None of the funds appropriated under this Title shall be used in programs where abortion is a method of family planning." This provision has not changed since passed by Congress and thus there have been limitations on Title X grantees regarding referral for pregnancy termination since inception. The current controversy surrounds what is known by the Title X administrators and grantees as "options counseling."

For the periods of time relevant in the instant case, i.e., 1999 forward, the Title X projects looked to guidance beginning with a Presidential Memorandum issued by President Clinton on January 22, 1993 (Appendix p. A27), which directed the Secretary of HHS to suspend the "Gag Rule" which had been issued by the prior Reagan and Bush administrations, same which had prohibited Title X Project recipients from providing their patients with information, counseling or referrals concerning abortions, i.e., "options counseling" regarding abortion as an option for management of a pregnancy. Following the issuance of this directive, the Secretary of HHS issued an interim rule suspending the "Gag Rule" stating:

"Therefore, the Secretary suspends the 1988 rules and announces that, on an interim basis, the agency's nonregulatory compliance standards that existed prior to February 2, 1988, including those set out in the 1981 Family Planning Guidelines, will be used to administer the Family Planning Program.

Under these compliance standards, Title X projects would be *required*, in the event of an unplanned pregnancy and where the patient requests such action, to provide nondirective counseling to the patient on options relating to her pregnancy, including abortion, and to refer her for abortion, if that is the option she selects. However, consistent with the prior longstanding Departmental interpretation of the statute, Title X projects would not be permitted to promote or encourage abortion as a method of family planning, . . .

For all of these reasons, as well as the reasons set out in the President's Memorandum, this Interim Rule is effective upon publication." [Emphasis added.] (Appendix pgs. A28-A29).

Contemporaneous with the interim rules and the suspension of the 1988 rules, the Secretary issued proposed rules for public comment. Appendix pgs. A30-A39.

On June 24, 1993, the Acting Deputy Assistant Secretary for Population Affairs issued a Memorandum to the Regional Health Administrators which attached two documents (Appendix p. A40):

(1) A Notice published in the Federal Register on June 18, 1993, from the Secretary of HHS notifying the public of the interim rule published on February 5, 1993, the applicability of the pre-1988 policies to Title X projects during the pendency of new rulemaking, and a re-opening of the public comment period for the new proposed rules; (Appendix p. A41) and

(2) The "DHHS Policies Regarding the Title X National Family Planning Program and the Section 1008 Abortion Prohibition" as referenced in the Federal Register publication. (Appendix pgs. A42-A48).

The policies attached to the June 24, 1993, Memorandum provided guidance to the Title X administrators and grantees regarding implementation of §1008 after the repeal of the "Gag Rule," specifically related to "options counseling." The preamble to the policy states:

"This statement sets out more specifically the Department policy in existence prior to the imposition of the 1988 'Gag Rule' with regard to implementation of §1008.

In general, the Department views §1008 as prohibiting Title X programs from engaging in activities which promote or encourage abortion as a method of family planning.

- However, §1008 does not prohibit the funding under Title X of activities which have only a possibility of encouraging or promoting abortion; rather, a more direct nexus is required;

- The general test is whether the immediate effect of the activity in question is to promote or encourage the use of abortion as a method of family planning. If the immediate effect of the activity in question is essentially neutral, then it does not fall afoul of §1008.

Thus, it has been held that a Title X project may not provide services that directly facilitate the use of abortion as a method of family planning. Actions prohibited in a Title X project include providing transportation for an abortion, explaining and obtaining signed abortion consent forms from clients interested in abortions, negotiating a reduction in fees for an abortion, scheduling or arranging for the performance of an abortion, promoting or advocating abortion within Title X program activities, or failing to preserve sufficient separation between Title X

program activities and abortion-related activities." (Appendix pgs. A42-A43).

With respect to abortion counseling and referral, the memorandum noted that the Department has returned to the standards of the 1981 Title X Guidelines which state:

"Pregnant women should be offered information and counseling regarding their pregnancies. Those requesting information on options for the management of an unintended pregnancy are to be given non-directive counseling on the following alternative courses of action, and referral upon request:

- Prenatal care and delivery
- Infant care, foster care, or adoption
- Pregnancy termination." (Appendix p. A43).

The memorandum noted the following limitations on abortion counseling and referral:

"• A Title X Project may not provide pregnancy counseling which promotes abortion or encourages persons to obtain abortion.

• However, the project may advise patients of all medical options and the accompanying risks.

- A Title X Project may, consistent with §1008, provide a 'mere referral' for abortion. 'Mere referral' means providing a patient with the name, address, and/or telephone number of an abortion provider, without further affirmative action to secure the services.

- However, where a referral to another provider who might perform an abortion is medically indicated because of the patient's condition or the condition of the fetus (such as where the woman's life would be endangered), such a referral by a Title X Project is not prohibited by §1008 and is required by 42 C.F.R. 59.5(b)(1). The 'mere referral' limitation does not apply in cases in which a referral is required by medical indications." (Appendix p. A44).

Finally, on July 3, 2000, the Department of Health and Human Services issued new Rules and Regulations regarding Standards of Compliance For Abortion Related Services in Family Planning Services Projects. 42 C.F.R. Part 59; 65 Fed.Reg. 41278-41280 (Appendix pgs. A58-A60). The summary background and comments appear on pages 41270 through 41278 (Appendix pgs. A50-A58).

Under 42 C.F.R. 59.5(a)(5) (2000), the final Rules and Regulations provide that a Title X Project must:

"(i) offer pregnant women the opportunity to [be] provided information and counseling regarding each of the following options: (A) prenatal care and delivery; (B) infant care, foster care, or adoption; and (C) pregnancy termination.

(ii) if requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the pregnant woman indicates she does not wish to receive such information and counseling." (Appendix A59).

"Section I. Background" to the July 3, 2000, Rules and Regulations notes that over time questions were raised and answered in a series of legal opinions as to whether particular actions would violate the statutory prohibition on promoting or encouraging abortion as a method of family planning. The Secretary noted that, as summarized in the proposed rules, the answers that were developed were generally that Title X Projects were required, prior to the July 3, 2000, rules, in the event of an unplanned pregnancy and, where the patient requested, to provide nondirective counseling on all options relating to her pregnancy, including abortion, and to refer for abortion, if that was the option the pregnant woman selected. (Appendix p. A50).

The interpretive summary and comments to the July 3, 2000, Rules and Regulations clarify that Title X grantees are not restricted as to the completeness of the factual information they may provide relating to all options, including the option of pregnancy termination. Grantees are permitted to provide as much factual, neutral information about any of the options as they consider warranted under the circumstances, but may not steer or direct clients toward selecting any option (Appendix p. A53). Thus, under the new Regulations, the concept of "mere referral" (i.e., name, address, telephone number) clarifies that grantees may provide additional neutral, factual information about particular providers which would be most likely to assist the client in making a rational selection among providers. The comments state:

" . . . it does not seem rational to restrict the provision of factual information in the referral context, when no similar restriction applies in the counseling context. Accordingly, the Secretary has revised the interpretations summarized in the notice section to clarify that grantees are not restricted from providing neutral, factual information about abortion providers in the course of providing an abortion referral, when one is requested by a pregnant Title X client." (Appendix p. A54).

Immediately following the publication of the new rules, HHS also published a notice in the Federal Register "to provide guidance to grantees in order to promote

uniform administration of the program and facilitate grantee compliance with the interpretations that are being reinstituted in conjunction with the final regulations adopted on this date . . ." and provided a summary of program limitations on what abortion counseling and referral is permissible under the statute. This summary again reiterated that "a Title X Project may not provide pregnancy options counseling which promotes abortion or encourages persons to obtain abortion" (Appendix p. A61). The summary did, however, reiterate that the project may provide patients with complete factual information about all medical options and the accompanying risk and benefits, including referral for abortion, which may include providing the name, address, telephone number, and other relevant factual information about an abortion provider, i.e., their charges, whether they accept Medicaid, etc. However, the Title X Project is restricted from taking any other affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the patient, except where an abortion is medically indicated because the woman's life is endangered or because of the patient's condition or that of the fetus where such a referral is not prohibited by §1008 and is required by 42 C.F.R. 59.5(b)(1).

In January 2001, HHS issued its Program Guidelines for Project Grants for Family Planning Services (Appendix pgs. A66-A99). These Program Guidelines

provide a more simplified approach to implementing the rules by the actual providers of medical care at the clinic sites. In part, with respect to options counseling, they provide as follows:

"For those clients with positive pregnancy test results who elect to continue the pregnancy, referral for early initiation of prenatal care should be made. Clients planning to carry their pregnancies to term should be given information about good health practices during early pregnancy, especially those which serve to protect the fetus during the first three months . . .

Projects must offer pregnant women the opportunity to be provided information and counseling regarding each of the following options:

- # Prenatal care and delivery;
- # Infant care, foster care, or adoption;
- # Pregnancy termination

If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s)

about which the pregnant woman indicates she does not wish to receive such information and counseling" (Appendix pgs. A93-A94).

Finally, in 2001, HHS was asked by MFHC to review Missouri House Bill 10 (2001) authorizing state appropriations for family planning services for the state fiscal year beginning July 1, 2001. Although the appropriation for that year is not specifically at issue in this suit, the language in the 2001 legislation is virtually identical to years 1999 and 2000, except that the prior years contained an explicit exemption for Title X funded family planning agencies. HHS, although recognizing that Missouri ultimately has authority for interpreting its own law, opined that the federal and state law were not necessarily inconsistent given Title X's very limited referral and counseling obligations. It stated, in part:

"While Title X regulations do require that referrals for pregnancy termination be provided to patients upon their request, we do not believe that the regulations require projects to provide the type of 'direct referral' contemplated in the Missouri State statute. Specifically, the program policy regarding abortion referral in Title X Projects, as articulated in a Federal Register Notice (65 Fed.Reg. 41281) that was published on the same day as the current program regulations (July 3, 2000), provides that while a Title X project may provide a referral for abortion, there are

limitations on what constitutes a permissible referral under the statute . .
..\" (Appendix p. A101).

\" . . . H.B. 10 prohibits the expenditure of appropriated funds to subsidize abortion services; included in H.B. 10's definition of 'abortion services' is 'encouraging or counseling patients to have abortions.' As noted above, Section 1008 has been interpreted as similarly prohibiting Title X programs from engaging in activities which promote or encourage abortion as a method of family planning. Thus, . . . the Department has concluded that the Federal restrictions and State restrictions are not inconsistent with each other.\" (Appendix p. A101).

Consistent with the legal opinion of the Secretary of HHS (Appendix pgs. A100-A102), MFHC does not believe that the referral obligation required of Title X projects constitutes a \"direct\" referral, and, in fact, the regulations prohibit same.³

³ The *WEBSTER'S NEW UNIVERSAL UNABRIDGED DICTIONARY (Deluxe Second Edition 1979, p. 516)* defines, in part, the word \"direct\" as:

\"(1) to manage the affairs of; guide; conduct; regulate; control; (2) to give authoritative instructions to (a person); ordain (*that* a thing be done); order; command. Syn. conduct, guide, dispose, order, contrive,

The factual information that a project grantee may provide to a pregnant woman who requests information about an abortion is merely providing the name, address, telephone number, and other factual data about the provider. Title X projects may not negotiate a fee, contact the provider to make an appointment, arrange transportation, or take any other affirmative action (except where required by 42 C.F.R. 59.5(b)(1) such as where the woman's life would be endangered).

In summary, since the repeal of the "Gag Rule" in February 1993, the guidance provided by the Secretary of Health and Human Services via its Office of Population Affairs to its Regional Health Administrators and to MFHC, which was then responsible for its subgrantees, followed clearly announced policy that required "options counseling," including referral for abortion, subject to the limitations described above, for pregnant women who selected that option. The Rules and Regulations promulgated in July 2000 made few, if any, practical changes in the practices of the grantees, in that the directions they had been receiving did not truly change. The program policies merely again clarified the limitations on what is permissible under the statute regarding abortion counseling and referral and, that although a Title X Project may not provide pregnancy options counseling which

manage, regulate, sway."

promote or encourage women to obtain abortion, the project shall provide patients with complete factual information about all medical options and the accompanying risks and benefits.

Therefore, in light of the limitations on Title X providers to provide a referral for abortion, it was error for the Circuit Court to find that the Title X Program Guidelines for Project Grants for Family Planning Services which were in effect while §10.705, RSMo. (1999) was in effect and §10.710, RSMo. (2000) was in effect required Title X Project Grant recipients to directly refer patients to abortion providers, to distribute marketing materials about abortion services to patients, and to counsel patients to have abortions.

CONCLUSION

WHEREFORE, for all of the reasons stated above, Missouri Family Health Council prays that this Court reverse that portion of the trial court's judgment which holds that Title X requires grantees to directly refer patients to abortion providers, distribute marketing materials about abortion services, and counsel patients to have abortions.

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CERTIFICATE OF SERVICE

I hereby certify that two copies of the foregoing were mailed via United States Mail, first-class postage prepaid this 20th day of November, 2001, to the following:

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CERTIFICATE OF COMPLIANCE

The undersigned certifies that the foregoing brief was prepared using Corel WordPerfect for Windows Version 9.0. The font used is Times New Roman proportionately spaced type in Font Size 14. There are 580 lines of monospaced type and 4,784 words in the Brief.

I also certify that the computer diskette that I am providing has been scanned for viruses under Norton Anti Virus 4.04, and has been found to be free of any viruses.

Lori J. Levine

APPENDIX

42 U.S.C. §300, et seq. (1971) (Title X, Sections 1000-1008)	A1-A5
42 C.F.R., Part 59, Fed. Reg. Vol. 45, No. 108, June 3, 1980, - Grants for Family Planning	A6-A8
1981 Program Guidelines for Project Grants for Family Planning Services	A9-A26
Presidential Memorandum of January 22, 1993, by President Clinton; Fed. Reg. Vol. 58, No. 23, February 5, 1993	A27
42 C.F.R., Part 59, Fed. Reg. Vol. 58, No. 23, February 5, 1993 - Interim Rule	A28
Memorandum from Office of Population Affairs, June 24, 1993, (with attachments)	A40-A48
42 C.F.R., Part 59, Fed. Reg. Vol. 65, No. 128, July 3, 2000	A49-A62
January 2001 Program Guidelines for Project Grants for Family Planning Services	A63-A99
Letter from U.S. Department of Health and Human Services to MFHC of August 2, 2001, re: Title X abortion referral interpretation	A100-A102